

## Multicultural Religious Populations' Manifestations of Power and Control in Cases of Disordered Eating

In reflecting about cultural psychology there is always a reminder to revert and think back about the underlying issues that challenge the foundations of western psychology and its practical and theoretical application in other cultures around the world. One of these is the idea of power and control. At the root of diagnosing and defining disorders, we are faced with questions that attempt to answer crucial components of psychology at its core. Not only can traces of power and control be present in the varying aspects of psychology, but also in the factors that contribute to disorders. By examining characteristics that make up and affect individuals, therapists can better understand the client population and provide appropriate treatment for those who seek psychological services. This paper will address religion as one facet of culture and expands on how it manifests notions of power and control in individuals with eating disorders or in those who suffer from warped ideas of body image and physical attractiveness.

Exploring articles that touch on religious practices as having either possible disadvantageous effects or serve as beneficial factors in relation to disordered eating may provide helpful information in regards to how to best deal with clients who may be affected by religious customs. Furthermore, by evaluating studies that look at relationships between those who adhere to such practices as well as consider themselves to be religious in comparison to those who do not feel strongly attached to a religion or believe in any rules or laws of faith, may also be a feature to take into consideration when

pinpointing causes from a more personal element and its potential link to comprehending the disorder as it may affect each individual differently. In looking at minority cultures within the United States as well as internationally along with considering multiple cases of diverse religions, a wider range of comprehending the prevalence of disordered eating and ideals of body image across the world can be brought into a new perspective.

As mentioned in an article by M. Dell and A. Josephson, “Religious and Spiritual Factors in Childhood and Adolescent Eating Disorders and Obesity” eating disorders such as anorexia nervosa, bulimia nervosa, and obesity are concerned with the consumption of food or lack thereof. Fear of becoming fat, lack of control over eating, and behaviors to prevent weight gain are signs involving disordered eating habits. Commonly accompanied by changes in mood or personality, substance use, and even thoughts of suicide, disordered eating can affect individuals of all ages and in differing cultures around the world.

Numerous world religions create highlights in history that have been marked with food. In the Judeo-Christian tradition, food was used to seal covenants, was given as gifts, and became a part of sacred celebrations. In Islam, the Quran prohibits the consumption of particular foods and during feasts such as Ramadan, fasting plays a major part in the display of self-discipline and faithfulness. Fasting can also be seen in Hinduism and Native American rituals to mark transitions and points in faith as an example of self-control. However, both religion and eating disorders can perpetuate similar feelings of anger, control, despair, perfection, unworthiness and shame, which can be seen as individuals become unhealthy or attempt to justify such illnesses of disordered eating and perceptual changes of the body.

One example as explained in an article by D. Rampling, “Ascetic Ideals and Anorexia Nervosa” follows the idea of self-denial as a way to lead a person to holiness or attainment of spiritual superiority as it was demonstrated in the lives of saints and other idolized persons. Saint Catherine of Sienna reached the highest level of sanctity within the Roman Catholic tradition and was well known to perform ascetic acts. Extreme fasting was fundamental to Catherine in her attempts to reach female holiness as well engaging in a displayed expression of faith. First starting with acute anxiety, she had seen it as unacceptable for her to take food for herself if starving people still existed. She also thought of her inability to eat as a punishment from God for sins that she had committed. Vomiting was turned into a ritual, which she did as a way to satisfy God as she continued abstinence from food thus also believing that she was protecting her virginity. She lived on Holy Communion alone and associated eating with death. In this case we can see a person pursuing a personal perfection and consider fulfilling a spiritual life of greater value than maintaining a physical or other form of life. As she proceeded to preserve herself and only take interest in spiritual dimensions, this became an example of the Christian ascetic tradition, which parallels modern anorexia nervosa.

Likewise, in a study conducted by J. Morgan, P. Marsden, and J. Lacey, ““Spiritual Starvation?": A Case Series Concerning Christianity and Eating Disorders” four instances of disordered eating is described, each involving fluctuating interactions with the religious faith. Those who were not originally involved or practicing religions had preoccupations with theological themes and used behaviors of disordered eating to combat interpersonal conflicts. Others found challenges to faith and misinterpretations of religious callings to seek out ascetic practices to resolve and provide solutions. The idea

of needing to belong, be nurtured, or regain control of the actions or one's own course of life appears to resonate in feelings and reactions that resort to such acts. This also led physicians to combine pastoral counseling by chaplains to address religious concerns and place experiences into a context to be fully understood by all those involved in helping such clients.

Similar ideas to the story of Saint Catherine of Sienna are brought up in the article by S.L. Mogul "Asceticism in Adolescence and Anorexia Nervosa," where an attempt is made to better understand the mental life and relationship between anorectics and adolescents. There appears to be a spectrum with initial stages of self-discipline as it begins to result in self-denial and in more extreme cases, a further practice of asceticism. It's also noted that asceticism can be taken in consideration from three perspectives: as a protective factor against desire, a way to counter feelings of powerlessness, and as a means to express hopes for an aesthetic and moral transcendence. Asceticism can be traced back to early Buddhist legends in relation to the Buddha's experience in search for enlightenment and the removal of all attachments in life since it was regarded to be a delusional and materialistic world. The idea of finding power through fasting is pursued by anorectics and although ascetic acts were ultimately rejected and starvation was regarded as just another way to take pleasure in a delusional state of mind, however it appears to be a factor that is plainly ignored.

In Jainism, monks also practice extreme asceticism in order to reach absolute detachment from an earthly life. While Hindu legends have also applied a sense of heroism as the main figure undertakes intense levels of asceticism while satisfaction is found in the strength of self-denial as it is expressed in the triumph of starving oneself.

One example rooted in the idea of self-discipline as a way of mastering the body, is the case of a 16-year old anorectic who expressed pride in her weight loss. She admits to thinking that she could never do it, but in her situation it reflects the feeling of being a champion as she later compares herself to one of the characters in a piece of literary work who declares, “In hunger I am king.” In looking at adolescent cases, anorexia appears to be a declaration of autonomy and defiance from parents. As an extension of self-control, adolescents have used this as a way to exhibit an accomplishment of determination. Such as that anorexia nervosa is characteristic of thinness by varying means of food restrictions, exercise, and other methods such as purging, as well as having a cognitive distortion of body image and denial of illness along with the preoccupation with food and weight can lead to detrimental effects on the body and self.

Faced with a defensive attitude that can be considered common in the developmental stage of adolescence and in addition for the strive to be like “hunger artists,” which generates ideas of pride and self-starvation as an art form, it is made evident that psychotherapeutic techniques need to be devised to appropriately address the issues that arise from causes that seem to deviate from Western ideas. Not only considering root causes, but also the mindsets for those engaging in behaviors that lead to anorexia nervosa especially, when Western asceticism is concerned with moral power than spiritual power while in the Hindu ideal and myth, asceticism is a connection to magical power.

In an article by A. Mussap “Strength of Faith and Body Image in Muslim and Non-Muslim Women,” a study was conducted with Muslim and non-Muslim Australian women. The completion of questionnaires was aimed to look at the relationship between

the Islamic faith and perception of body image. It's apparent that religious membership and strength of attachment are factors within one's culture and play a role in the identity of a person. It has also been stated that religion may also affect a woman's psychological susceptibility to Western projections of ideal body images. With this in mind, by measuring weight and body image concerns in comparison with psychosocial factors such as media consumption and modesty of clothing, the hypothesis was that the strength of faith could protect women from contact with mainstream culture and appearance related media therefore decreasing instances of body dissatisfaction. Muslim women had slightly greater strength of faith than non-Muslim women and it suggested that the strength could possibly influence interactions with Western body ideals, but that the Islamic faith itself was neither beneficial nor harmful to body image. As a result, the study concluded that strength of faith was inversely related to body image perception and that adherence to faith could indirectly affect levels of exposure to Western ideals.

In the same way, an article by R. Rastmanesh, M. Gluck, and Z. Shadman entitled, "Comparison of Body Dissatisfaction and Cosmetic Rhinoplasty with Levels of Veil Practicing in Islamic Women" looked at veil practicing in women living in Tehran since such actions impact how one is perceived by others and serve as a social and religious symbol. Women were divided into three categories: ideologically and voluntarily, non-complete, and inconsiderate which was based on the level of veil practicing. Cosmetic rhinoplasty and levels of body dissatisfaction was more prevalent in the inconsiderate group with higher reports of dieting and exercising so that the women could feel more sexually appealing. These women feared of becoming fat and overvalued the public view on appearance in comparison to the other two groups, which had the opposite result.

From this report, women who followed strict veiling practices had higher levels of self-esteem and low levels of body dissatisfaction. It also mentioned that observance of religious practice could have a protective effect on psychological health and referred to another study that looked at Orthodox Jewish women in comparison to Secular Jewish women and noticed that such membership lessened chances of developing body dissatisfaction and eating pathology. Although this cannot be assumed to be true for all religions and subdivisions of religious groups who practice forms of covering the body or personal appearance, it is interesting to see how religion plays into culture, which then impacts the understanding of psychology when in dealing with societies different from our own.

Moreover, in the article written by Y. Latzer, E. Witztum, and D. Stein, “Eating Disorders and Disordered Eating in Israel: An Updated Review” a study looks at the prevalence of disordered eating in Jewish sub-populations such as the Kibbutz community as well as among Israeli-Jews and Israeli-Arabs. Although there has been ethnic and cultural mixes within Israel due to immigration, it has been able to keep up with current advances and still have a stronghold in ancient traditions. Levels of religiosity differ even within sub-populations such as ultra-orthodox, orthodox, traditional, and secular. Since food is such an essential part of religious observance for example, it being customary for food to be kosher or for Jewish people to take part in ritualized fasting during holidays like Yom Kippur, the article suggests that adolescents turn to disordered eating in order to deal with stress. Since food plays a major role in celebrations it becomes an accepted factor, but at the same time a factor that they can

control as opposed to other laws of the faith such as rules that govern other age-specific pressures like those connected with marriage.

The article continues to uncover higher rates of anorexia nervosa and bulimia nervosa as it exists in American Jews when compared to the general population. It is valuable to point out that the findings of the study on American Jews has presented that religion may serve as a shielding factor from the development of preoccupations of eating disorders, but once an eating disorder is already evident in the person then levels of religiosity no longer have any kind of protective impact. The article carries on talk about attitudes toward disordered eating in Jewish adolescent girls in Israel and that the more religious the girl then the less her eating was disturbed. Furthermore, older religious girls had more positive self-esteem and lower rates of harmful eating. Authors were then inclined to think that a controlled lifestyle and adherence to religious traditions may reduce influence of mainstream Westernized Israeli mass media and the need to control eating as an approach to dealing with developmental issues of adolescents. Moreover, those who do not identify with the traditional religious values may also be vulnerable to adopt Western norms of body image and beauty.

Interestingly enough, religion is just one portion of various sections that make up culture. Although it is studied in connection with disordered eating, it is also not the entire source or cause for disorders, but can help in creating a more detailed picture of the situation as a whole. In view of religion as a psychological variable, it is clear that psychological analysis is only partial without taking into account the religiousness of the people and communities studied within differing cultures. It can be counted as a factor affecting central behavior and therefore must be valued as any other variable. Impact can



be seen in the internalized beliefs, attitudes, and values that result from religious ties to individuals. So by acknowledging religious experience and development, physicians are better prepared for projection and approaches to dealing with psychological disorders that may be affected by culture or even have strong links to religious concepts.

Aspects of life continuously deal with power and control from the smallest issues to largest episodes. The incidences that are posed in the previous articles bring light to a framework in an effort to understand the circumstance of the thoughts and feelings of those involved or who suffer from strained eating behaviors and ideas of body image. It can be expected that people who are faced with theoretical or abstract conflicts resort to turning to something concrete and controllable such as food and therefore eating habits. In this we see the upcoming difficulties of mediating or substituting control or power over one thing to another. As physicians in the mental health field it is pertinent that all aspects of an individual's story be presented and understood for optimum help available.

## BILIOGRAPHY

- Dell, Mary Lynn. (2007). Religious and spiritual factors in childhood and adolescent eating disorders and obesity. *Southern Medical Journal*, 100(6), 628-632.
- Gorsuch, Richard. (1988). Psychology of religion. *Annual Review of Psychology*, 39, 201-221.
- Latzer, Yael, Witztum, E., & Stein, D. (2008). Eating disorders and disordered eating in Israel: an updated review. *European Eating Disorders Review*, 16, 361-374.
- Mogul, S. Louis. (1980). Asceticism in adolescence and anorexia nervosa. *Psychoanalytic Study of the Child*, 35, 155-175.
- Morgan, John, Marsden, P., & Lacey, J.H. (1999). *"Spiritual starvation": a case series concerning Christianity and eating disorders*. Unpublished manuscript, Department of Psychiatry, St. George's Hospital Medical School, London, United Kingdom.
- Mussap, Alexander. (2009). Strength of faith and body image in Muslim and non-Muslim women. *Mental Health, Religion & Culture*, 12(2), 121-127.
- Rampling, David. (1985). Ascetic ideals and anorexia nervosa. *Journal of Psychiatric Research*, 19(2-3), 89-94.
- Rastmanesh, Reza, Gluck, M.E., & Shadman, Z. (2009). Comparison of body dissatisfaction and cosmetic rhinoplasty with level of veil practicing in Islamic women. *International Journal of Eating Disorders*, 42(4), 339-345.